



"Steps to a Brighter Tomorrow"  
**MERIT**  
 RESOURCE SERVICES



### Substance Use Assessment Summary

<b>Patient Name:</b>	Johnny Savala	<b>Date Assessment Completed:</b>	4/28/2020
<b>Date of Birth:</b>			
<b>Referent Name:</b>	Adam Pechtel Attorney at Law		
<b>Address:</b>	21 N Cascade Ave Kennewick WA 99336		
<b>Assessment Information Reviewed (WAC 246-341-0610). Diagnostic Assessment Using DSM-5 Criteria:</b> F 10.20 Severe Alcohol Use Disorder F 14.20 Severe Cocaine Use Disorder F 15.20 Severe Amphetamine Use Disorder			
<b>ASAM (American Society of Addiction Medicine) Level of Care Placement Decision:</b>			
<input type="checkbox"/> No Intervention Recommended <input type="checkbox"/> Level 0.5 Early Intervention <input type="checkbox"/> Level 1 Outpatient <input type="checkbox"/> Level 2 Intensive Outpatient <input checked="" type="checkbox"/> Level 3 Residential			
<b>Recommendations:</b>			
<input type="checkbox"/> None <input type="checkbox"/> Enter and complete an Alcohol/Drug Information School at a Certified Substance Use Disorder DOH approved agency. The ADIS course must have no fewer than eight hours of classroom instruction. <input checked="" type="checkbox"/> Complete and total abstinence from all alcohol and other mood/mind altering substances. It is recommended individuals with a diagnosed substance use disorder only use medications that are FDA (Federal Drug Administration) approved and prescribed by your physician. <input checked="" type="checkbox"/> Attend and participate in self-help support groups in the community. <input checked="" type="checkbox"/> Other Interventions Recommended: <u>After client completes inpatient treatment it is recommended that he enters a continuum of care at that time</u>			
The Individual was Notified of the Assessment Results, Treatment Options and the Individual's Choice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

THIS ASSESSMENT AND TREATMENT RECOMMENDATIONS ARE VOIDED IF THE PATIENT HAS FAILED TO FULLY AND HONESTLY DISCLOSE INFORMATION REQUESTED OF HIM THROUGHOUT THE ASSESSMENT PROCESS.

*Debra Mains*  
 Debra Mains SUDP

Substance Use Disorder Professional Trainee

Substance Use Disorder Professional

Date: 4/28/2020

#### MERIT Resource Services Office Site:

- |   |                       |                     |                                  |
|---|-----------------------|---------------------|----------------------------------|
| <input type="checkbox"/> 702 Franklin Avenue Sunnyside, WA. 98944                 | Phone: (509) 837-7700 | Fax: (509) 839-7311 | Certification Number: 39 0141 00 |
| <input type="checkbox"/> 321 W. First Ave. Toppenish, WA. 98948                   | Phone: (509) 865-5233 | Fax (509) 865-6505  | Certification Number: 39 0141 01 |
| <input type="checkbox"/> 312 W. Second Street Wapato, WA. 98951                   | Phone: (509) 877-7271 | Fax (509) 877-3532  | Certification Number: 39 0832 00 |
| <input type="checkbox"/> 315 North 2nd Street Yakima, WA. 98902                   | Phone: (509) 469-9366 | Fax (509) 469-9926  | Certification Number: 39 1078 00 |
| <input type="checkbox"/> 200 E. 3rd Ave. Ellensburg, WA 98926                     | Phone: (509) 925-9821 | Fax (509) 925-9073  | Certification Number: 19 1740 00 |
| <input checked="" type="checkbox"/> 7510 West Deschutes Place Kennewick, WA 99336 | Phone: (509) 579-0738 | Fax (509) 579-0712  | Certification Number: 200470     |

Cc: File  
 Client

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release